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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/667,954 |
| | Filing Date | September 22, 2003 |
| | First Named Inventor | Enzo Berti |
| | Art Unit | 1744 |
| | Examiner Name | Unassigned |
| Total Number of Pages in This Submission | Attorney Docket Number | 006387.00037 |

| ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Assertion of Small Entity Status Certificate of Express Mail Return Receipt Postcard |
| <div>Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Rebecca P. Rokos Registration No. 42,109 |
| Signature | |
| Date | May 14, 2004 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|--|------|--|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
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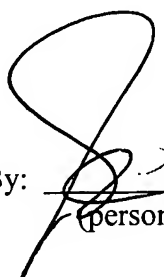


**CERTIFICATE OF MAILING BY EXPRESS MAIL
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By: 
(person actually depositing)

Application of: Enzo Berti

Application No.: 10/667,954

Filing Date: September 22, 2003

Title: Dustpan and Broom Kit

- Transmittal Form PTO/SB/21, 1 page (in duplicate)
- Assertion of Small Entity Status Pursuant to 37 CFR § 1.27 (c)(1)
- Return receipt postcard

Attorney Docket No: 006387.00037



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Enzo Berti

Appln. 10/667,954

No.

Filed: September 22, 2003

For: Dustpan and Broom Kit

Atty. Docket 006387.00037
No.:

Group Art Unit: 1744

Examiner: Unassigned

Confirmation 1212
No.:

**ASSERTION OF SMALL ENTITY STATUS
PURSUANT TO 37 CFR § 1.27(c)(1)**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Although large entity fees were paid at the initial filing of this application, Applicant was a small entity at the time the instant application was filed, and pursuant to 37 CFR § 1.27, Applicant is entitled to pay small entity fees.

As this statement is not being filed within three months of the date of payment of the application filing fee, it is Applicant's understanding that they are not eligible for a refund of the overpayment. However, if this is incorrect, please refund any over payment to Deposit Account No. 19-0733.

Appl. No.: 10/667,954

Assertion of Small Entity Status Pursuant to 37 CFR § 1.27(c)(1)

Respectfully submitted,

May 14, 2004

A handwritten signature in black ink, appearing to read "Rebecca P. Rokos", written over a horizontal line.

Rebecca P. Rokos

Reg. No. 42,109

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